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ABSTRACT

This document is the self-study portion of the Standards and Procedures for Voluntary Accreditation of Early Childhood Education Programs in Missouri. The self-study, an opportunity for programs to demonstrate their ability to meet certain standards, consists of quality indicators under 6 major headings: (1) provide a healthy and safe environment (47 major indicators); (2) foster physical and intellectual growth and development and creative expression (34 major indicators); (3) build positive self-concept and individual strength (14 major indicators); (4) develop and maintain positive interaction of children and adults (10 major indicators); (5) communication and coordination between home and center (12 major indicators); (6) maintain effective personnel communications and efficient management practices (14 major indicators). The document also includes an application form and other forms for accreditation. (JW)

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Standards & Procedures for Voluntary Accreditation of Programs for Infants and Toddlers in Missouri

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ACKNOWLEDGMENTS

Voluntary Accreditation had its beginning in 1981 with the formation of a committee to explore the establishment of standards for a quality early childhood education program under the leadership of Mildred Winter. The original committee explored and eventually created the basic *Standards and Procedures* for the Voluntary Accreditation of Early Childhood Education Programs. This has been up-dated and there have been minor revision, but it still has the basic structure, content, and process of the original

Since that time (1981), two more *Standards and Procedures* have been added--one for Infant/Toddler and one for School Age Child Care. These have been written, tested, and revised by members of the Missouri Boards for Voluntary Accreditation with help from volunteers and consultants from Licensing, DESE Special Education and Community Education. In total, at least 100 people have helped to create the current (1993) documents and process. To all these people much credit and appreciation is due--for their enthusiasm, on-going support, understanding, and creativity.

To the Presidents of the Voluntary Accreditation Boards and to the Coordinator go special thanks for their leadership, wisdom, and unflagging commitment:

1984	Maya Zuck	1993	Caroline Rosser
1987	Mildred Winter	1983	Barbara Fischer, Coordinator
1989	Carolyn Rybicki		

To that original voluntary accreditation committee and to Mildred Winter gratitude and special acknowledgment is given. Members of the Missouri Committee on Voluntary Accreditation of Early Childhood Education Programs are as follows:

Carolyn Bjurstrom	Phyllis Jones	Carol Schrader	Sue Vartuli
Sally Cohn	Barbara Kohm	Maxine Schuler	J. Valdon Vire
Dwayne Crompton	Susie Mornatz	The Honorable Sue Shear	Fern Webster
Judy Duden	Kathryn Nelson	Shirley Stubbs	Mildred Winter
Barbara Fischer	P. J. Newell	Clementine Thomas	Maya Zuck
Erika Gerth	Esther Ongoa	Louise Tipler	
Stevie Hoffman	Susan Prutzman	Kathy Thornburg	

VOLUNTARY ACCREDITATION OF INFANT AND TODDLER PROGRAMS
["Infant" - under 12 months; "Toddler" - 12-30 months]

INTRODUCTION

The rising demand for infant and toddler care outside the home has resulted in a rapid increase in the number of center-based programs. Affectionate, caring adults, who are responsible for the planning and implementation of group programs for these very young children, know the importance of creating safe and healthful environments that optimize active exploration and learning. "Very early education resembles the total care likely to be found in homes where parents provide love and learning, plus the extra enrichment of playmates, many challenging activities, abundant playthings, trained staff, and developmental monitoring...These goals help to ensure that infants and toddlers receive balanced experiences that add something special to their lives without compromising their personal styles and family strengths" (Cataldo, C. Z. (1985). Infant and Toddler Programs: A Guide to Very Early Childhood Education).

Missouri has no laws or regulations establishing accreditation requirements for early childhood and school age child care programs. State statutes authorize the Department of Health to license child care programs. However, a state statute effective August 28, 1993, requires unlicensed, exempt religious child care programs, as well as summer camps, graded boarding schools, and nursery schools to meet health, sanitation, and fire and safety standards. The Missouri Voluntary Accreditation process was developed in response to a need to provide guidelines for appropriate high quality programs for children that go beyond those authorized by state statutes. It involves no mandatory controls; the decision to seek accreditation is voluntary.

Accreditation standards (quality indicators) are based on *respect for and acceptance of the unique strengths and needs of each child*; *knowledge of how children grow and develop*; and *developmentally appropriate program planning and guidance*. Standards speak to characteristics of a program that is without bias, one that empowers children, families, and staff to participate in a learning environment and curriculum that is relevant and accurately reflects the population it serves. Accreditation standards also provide for nationally mandated policies, environment, and procedures that accommodate the special needs of each individual child.

Accreditation is based on a program's completed Self-Study and subsequent on-site peer review. The standards (or indicators) allow for a broad range of teaching and learning philosophies. All programs are not alike--each one is unique and this uniqueness is respected and encouraged.

Accreditation is a stamp of approval, recognizing those programs that are striving for excellence. It provides child caregivers with access to standards that serve as guidelines to quality programs. Accreditation also serves as a guide to parents who want to choose the best available program for their children.

ACCREDITATION PROCESS

A program's eligibility is determined by the following:

1. Serves children within the age range of six weeks through elementary school age.

2. Has been in operation for at least one year.

3 Has purchased and completed the Self-Study in the age appropriate Standards and Procedures for Voluntary Accreditation.

Self-Studies are available from the Missouri Center for Voluntary Accreditation for:
Infant/Toddler Program (6 weeks - 30 weeks)
Program for 2 1/2 - 6 year olds
School Age Child Care Program

The Self-Study is to be undertaken thoughtfully by the staff and viewed as a professional growth experience for each person involved. All ratings are to be based on the current situation and not on future plans. Use comment columns generously to explain the program more fully.

APPLICATION

The program applying for accreditation will:

1. Submit application for accreditation, which includes:
   a. Completed Self-Study
   b. Necessary documentation materials
   c. Accreditation fee, with check made payable to: Missouri Center for Voluntary Accreditation.
      (1) The accreditation fee is determined by the number of children enrolled in the program. (Consult the current fact sheet for the fee schedule.)
      (2) The program also agrees to pay the mileage expenses of accreditation review team members ($.20 per mile), to be paid to the team members at the time of the visit to the program. An effort will be made to assign team members living near the program site.

2. Accreditation materials may be submitted to the Voluntary Accreditation Center anytime during the year. (Materials must be received before March 1 for nine-month programs (September-May) in order to allow adequate time to assign the review team and to allow time for observation and exit interview before the end of the school year. If materials are received after March 1 the accreditation period may have to be extended to the next academic year.

ACCREDITATION REVIEW TEAM MEMBERSHIP

After checking the submitted Self-Study and the required documentation materials for completeness and accuracy, the coordinator of the Missouri Center for Voluntary Accreditation will ask the appropriate regional chairperson to assign a team to visit the center for the purpose of validating the program's Self-Study.

1. The size of the program will determine the number of team members.
2. A two-person team will be made up of persons from two of the three categories below. Larger teams will have balanced representation from all three categories if possible. All team members will have been trained in the accreditation process.
   a. A director/administrator having a minimum of two years experience teaching children.
   b. An early childhood education/child development professional, including teacher educators with a strong knowledge base in early childhood, recreation, or related area.
   c. A parent or other individual who is knowledgeable and concerned about children and does not fit in either of the other two categories.
3. The program will be notified in advance of the membership of the team assigned and may request an alternate team member with good reason.
4. The review team leader will be responsible for arranging the team visit, for the exit interview with the director and staff of the program, and for the team's full report to the Missouri Center for Voluntary Accreditation. A copy of the team's report will be given to the program director.

RECOMMENDATION FOR ACCREDITATION

Recommendation for accreditation requires team agreement and acceptable Self-Study ratings on all circled items. The review team report will define program strengths and limitations and will recommend one of the two following options:

(1) Program approved for accreditation
(2) Time extension granted to program

ACCREDITATION APPROVAL AND ISSUANCE OF CERTIFICATE OF VOLUNTARY ACCREDITATION

The coordinator of the Missouri Center for Voluntary Accreditation will receive the Self-Study, the Review Team Document, and the review team's exit interview report of program strengths and limitations. If all is in order, the coordinator will take the review team's recommendation for accreditation to the Missouri Board for Voluntary Accreditation of Childhood Education Programs which officially grants accreditation to all programs. The board signs and issues the Certificate of Accreditation to all programs except those sponsored by the public schools. The Missouri Department of Elementary and Secondary Education will sign and issue the Certificate of Accreditation to public school programs.

Programs receiving accreditation will be listed in the Directory of Accredited programs. The directory will list the program name, address, ages and number of children served, length of program day, and telephone number of contact person.

TIME EXTENSION

If there is disagreement on any circled items in the Self-Study (a team rating of "No" on an item rated "Yes" by the program; a team rating of "3" or "4" on an item rated "1" or "2" by the program), a time extension of up to, but no more than, one year from the exit interview date is granted to the program. The time extension will allow for the director and staff to raise all Self-Study items to the quality level required for accreditation. Full responsibility for the amount of time used for this work, as well as for making contact with the Review Team leader to schedule a return visit, is up to the program director. If accreditation is not achieved at the time of the second visit of the Review Team, or if the second visit of the Review Team has not been requested within one year of the exit interview date, the accreditation process is terminated and the entire Self-Study process must be re-initiated.

ACCREDITATION APPEAL

A program that completes the Self-Study and review process and fails to receive a recommendation for accreditation may appeal the decision in writing to the Missouri Board for Voluntary Accreditation.

The decision of the Missouri Board for Voluntary Accreditation of Childhood Education Programs will be final.

REACCREDITATION

At the end of the 2-year initial accreditation, the program will reapply for the second accreditation and complete the entire Self-Study process. Succeeding reaccreditations are for the full three years. The fee for reaccreditation is listed on the current Fact Sheet.

GRIEVANCE

Grievances against an accredited program may be brought to the Missouri Board for Voluntary Accreditation through the coordinator of the Missouri Center, by a staff member, parent, or community member. A detailed statement of the grievance must be in writing, signed, and sent to the Missouri Center for Voluntary Accreditation.

PLEASE NOTE: Always check the most recent FACT SHEET for any new information and the current accreditation fee schedule.

SPECIAL NEEDS

The recent American Disabilities Act, signed into law in 1990 and implemented in 1992, mandates that all child care programs establish policies and procedures that accommodate the special needs of each individual child. This national mandate poses a challenge to educators to find ways to adjust programs and facilities to meet these widely divergent special strengths and needs.

The term "special needs" emphasizes the individualizing that should occur in every child care program. This means being aware of each child's unique developmental needs and adapting expectations and daily activities to ensure that they are appropriate for both the group and each individual child in the group.

Each child is a unique person. One may be described as "gifted," another as "developmentally delayed," and another as possessing disabilities extreme enough to require special staff training. It is important that all personnel understand the varying needs of these children and know how to guide and to implement an appropriate program for each child in their care. Throughout the Self-Study there are helpful quality indicators that characterize such a program.

RESOURCES

Missouri Special Education Dissemination Center, 401 East Stewart Road, Columbia, MO 65211
Offers a wide variety of loan packets, bibliographies, videotapes, books, and manuals useful for teacher and administrators. As for full listing.

MPACT (Missouri Parents Act), 1722 South Glenstone, Suite 125, Springfield, MO 65804
Offers workshops and assistance for parents of children with disabilities.

NAEYC, 1509 16th St., N.W., Washington, DC 20036, 1-(800) 424-2460.
Publishes a wide variety of excellent materials on curriculum, cultural diversity, health and safety, etc. The book, Developmentally Appropriate Practice, is a valuable reference for every program. Ask for a current catalog.

DIRECTIONS FOR COMPLETING THE SELF-STUDY DOCUMENT

A. RATINGS

- Each numbered item (1, 2, etc.) in the entire self-study should be rated by placing a check (✓) on the line in the appropriate column--either Yes or No, OR 1, 2, 3, 4, or N/A (not applicable).
- Checking sub-items (lettered a, b, etc.), where listed under an item, will assist in determining the rating for that item.
- All circled items must receive a rating of Yes OR a rating of 1 or 2 (depending on what is indicated) in order to be eligible for accreditation.
- The Remarks/Examples column should be used liberally. Add explanations, clarification, additional information, or indicate areas of on-going efforts toward improvement. *Your comments are very important.*

1	**-Excellent**	**Fully meets the standards**
2	**-Good**	**Generally meets the standards**
3	**-Needs improvement**	**In order to meet the standards**
4	**-Unacceptable**	**Does not meet the standards**
N/A	**-Not Applicable**	

B. DOCUMENTATION MATERIALS

Note the items throughout the Self-Study that ask for documentation, such as examples of ways in which you modify your program to meet individual needs, examples of daily activity plans, etc. Also refer to the documentation sheet included with your packet of accreditation materials. These items, along with your completed Self-Study, are to be mailed in a large envelope to the Missouri Center for Voluntary Accreditation.

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
I. Provide Safe and Healthy Environment								
All program personnel share the responsibility to protect children from injury and infection while under their supervision. Since children's health and safety should be a primary concern, all items in this section should be carefully reviewed and rated.								
Safety								
(1.) At least two adults (18 or over) are available to children (on the premises, within voice range, and able to assist) at all times. (Document through staff schedule).								
2. Indoor materials, equipment, and supplies are safe and in good repair (e.g., void of sharp edges, splinters, nails, missing parts).								
3. Classroom space, doorways, bathrooms, and sinks are accessible or adapted as needed to allow all children to participate or to use with minimum adult assistance.								
4. Indoor surfaces and levels (such as steps) are manageable for use by each child.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
5. Facility is safe for children:								
___ a. Well-lighted								
___ b. Ventilated; comfortable temperature								
___ c. Stairways safe, well-lighted, gated, and equipped with toddler-level handrails								
___ d. Windows screened safely								
___ e. Lead-free paint								
___ f. Child-proof electric outlets								
___ g. Phones working and accessible								
___ h. Exits easily accessible								
6. Floor coverings are non-slip.								
7. Resilient materials are used under climbing apparatus indoors if over 24" in height. Spaces/openings in equipment are 4 or less inches or more than 9 inches.								
8. Sound absorbent materials are used (such as rugs, ceiling tiles, etc.) to lessen the level of distracting noise for children.								
9. Dangerous materials, potentially toxic plants, items smaller than 1-1/2 inches in diameter, medications, cleaning supplies, etc., are inaccessible to children (out of reach or locked). (A no-choke testing tube, available from Lakeshore, PO Box 6261, Carson, CA 90749 can be used to check items.)								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
10. Fire equipment and procedures are evident and in order. (It is recommended that you check with your local fire department for information on adequate extinguishers.)								
___ a. Fire extinguishers available and in working condition								
___ b. Smoke detectors in working condition								
___ c. Emergency evacuation procedures posted								
___ d. Safety and security rules posted and communicated								
___ e. A safety drill (either fire, tornado, or earthquake) carried out monthly								
___ f. Provisions made so that in an emergency more than one child at a time can be removed to safety								
Frequency of drills per year_____ Date of last drill _____								
11. Hot water, where accessible to children, is a safe temperature.								
12. If kitchen area is used, it is free of through traffic and hazards.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
13. There is a minimum of 45 square feet of usable floor space (not including kitchen, closets, bathroom, hallways, etc.) per infant/toddler to allow for freedom of movement . (Include sketch with dimensions.) Ample crawling space is provided so non-walkers can pull themselves up or balance themselves while walking.								
14. Outdoor materials and equipment are safe and in good repair (e.g., void of sharp edges, splinters, nails, missing parts). Infants and toddlers have separate time or separate space outdoors with crawling surface.								
15. Outdoor play space is accessible or adapted as needed to allow all children to participate.								
16. Outdoor surfaces and levels (such as steps or curbs) are manageable for use by each child.								
17. Safe access is provided to secured/fenced outdoor play area, free of harmful objects, with an appropriate surface, such as sand, astro turf, etc.								
18. Resilient materials are used under outdoor climbing apparatus (or any other equipment from which a child might fall). Spaces/openings in equipment are 4 or less inches or more than 9 inches.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
19. There is a minimum of 75 square feet of outdoor space per child using area at any one time. (Include sketch with dimensions.)								
20. There is provision for safe pick up and delivery for all children.								
21. Facility vehicles and drivers assure safe transportation for children.								
___ a. The appropriate car seat, as required by law, must be used whenever the vehicle is in motion.								
___ b. Appropriate supervision for children under three requires attendants in addition to the driver be present. Child(ren) are never left unattended in a vehicle.								
___ c. All drivers must be appropriately licensed and informed in child passenger safety precautions.								
___ d. Vehicles are clean, in good repair, inspected, and licensed.								
___ e. Proof of liability coverage is available.								
Health								
22. Trash and garbage are stored and disposed of in a sanitary manner in child-proof containers.								

QUALITY INDICATORS	RATINGS YES	NO	1	2	3	4	N/A	REMARKS/EXAMPLES
23. If a kitchen is used by the program, it is safe and sanitary:								
___ a. Clean and disinfected								
___ b. Adequately equipped for proper storage, preparation, and serving								
___ c. Dish washing done in an approved sanitary manner								
___ d. Each food, milk, or formula container labeled with child's name and date								
___ e. Refrigerators with temperature below 45 degrees readily available to classrooms for bottles and baby food								
___ f. Center bottles, if used, are washed in a sanitary manner; bottles are not refilled before being disinfected								
___ g. Dishwashers, ovens, refrigerators, etc., are off limits to children								
___ h. If a microwave oven has been used to heat food, food is stirred thoroughly and tested before feeding. (It is not recommended that bottles be heated in microwave.)								
24. If food is provided, it is nutritious, and is prepared and served hygienically:								
___ a. Program menus are posted. Feeding times and food consumption information is provided to parents of infants and toddlers at the end of each day.								

QUALITY INDICATORS	YES	NO	RATINGS 1	2	3	4	N/A	REMARKS/EXAMPLES
___ b. Feeding tables and high chairs are disinfected before and after each child's meal.								
___ c. Nutritious, well-balanced meals and snacks are served hygienically in child-sized portions.								
___ d. Any unused formula is disposed of after each feeding.								
25. Mealtimes promote good nutritional habits.								
___ a. Toddlers are encouraged to serve and feed themselves.								
___ b. Chairs, tables, and eating utensils are suitable for the size and developmental levels of the children.								
___ c. Meals and snack times are pleasant social and learning experiences for children.								
___ d. Foods related to children's cultural backgrounds are served periodically.								
___ e. At least one adult sits with children during meals.								
___ f. Infants are held with head in an inclined position while bottle feeding.								
26. Drinking water is available to children in a sanitary manner and offered frequently.								
(27.) Staff is continually alert to the health of each child; individual medical problems and accidents are recorded and reported to staff and families.								

QUALITY INDICATORS	YES	NO	RATINGS 1	2	3	4	N/A	REMARKS/EXAMPLES
___ a. Hand washing is practiced regularly.								
___ b. Individual medical problems and accidents are recorded.								
___ c. Individual medical problems and accidents are reported to staff and parents.								
___ d. Disposable gloves are used when handling blood and body fluids.								
28. Bathrooms are sanitary and safe:								
___ a. There are provisions for safely reaching sinks and toilets.								
___ b. Soap and individual or disposable towels are provided.								
___ c. Child-sized toilets (or adapters) and sinks are provided.								
___ d. Potty chairs are disinfected after each use.								
29. The facility is cleaned daily to disinfect bathroom fixtures and to remove the trash.								
___ a. Toys that are mouthed are washed and disinfected after each child's use.								
___ b. Soiled diapers are disposed of or held for laundry in closed containers inaccessible to the children.								
___ c. The changing table is disinfected after each use.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
30. Staff wash their hands with soap and water before feeding (and after) and after diapering or assisting children with toileting or nose wiping. A sink with running hot and cold water is adjacent to the diapering area. Disposable paper towels are used for drying hands.								
31. An adequate first-aid kit is readily available and one is taken on field trips.								
32. The Poison Control telephone number and a one-ounce bottle of Syrup of Ipecac (within shelf date) are on hand.								
33. The facility is smoke free.								
34. Cots, cribs, and isolation areas are provided for ill children.								
35. Any animals on the premises are well cared for, healthy, and free of hazardous diseases (Refer to local Health Department for regulations.)								
36. Water supply is Health Department approved.								
37. Records of annual medical examinations, immunizations, and emergency medical releases are current and on file for each child.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
38. Staff members receive annual training in medical emergencies. At least one staff member on duty has current certification in first aid and infant-child cardiopulmonary resuscitation (CPR).								
39. Sprinklers offer a safe water experience. A teacher is always within arm's reach, back is never turned and, whenever possible, staff-to-child ratio exceeds minimum licensing requirements. Water tables are emptied daily, or more frequently as required, and disinfected regularly. Unfiltered wading pools/swimming pools are not used.								
40. There are written procedures regarding ill staff members--when they should not be at the center or working with children, etc.								
41. Records of current medical examinations and annual tuberculin testing are on file for all staff.								
42. Individual bedding is washed daily and used by only one child. If there are part-time children, bedding is changed and cribs disinfected between children. Individual sheets, cribs, cots, or mats are washed if soiled.								
43. Sides of separate infants' cribs are in a locked position when occupied.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
44. Floors and rugs are routinely kept clean and carpets are shampooed regularly.								
45. Toys are routinely picked up to provide walking space and accessibility to exits in an emergency.								
46. Clean clothing is available in case of accidents. Clothing is labeled with child's name.								
47. Children are under adult supervision at all times. Children are never left unattended.								

QUALITY INDICATORS	RATINGS YES	NO	1	2	3	4	N/A	REMARKS/EXAMPLES
II. Foster Physical and Intellectual Growth and Development and Creative Expression								
Children's growth in these areas is influenced by the teacher's knowledge and understanding of child development and appropriate planning, materials, and activities.								
Planning and Implementation								
(1.) Learning objectives/expectations for children are:								
___ a. Consistent with the overall philosophy of the program.								
___ b. Appropriate for the age and developmental level of each child.								
___ c. Based on ongoing observation of individual children. These observations are used to determine the need and interest levels in physical, intellectual, language, and social/emotional areas of development.								
___ d. Modified to meet children's individual abilities, learning styles, and needs.								
___ e. Used to document children's progress.								
(Submit written documentation.)								
(2.) Staff members continually provide learning opportunities for infants and toddlers, most often in response to children's cues.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
3. All children are actively involved in play opportunities designed to stimulate sensory awareness. Infants and toddlers are encouraged to:								
___ a. Move about freely								
___ b. Observe								
___ c. Explore the environment								
___ d. Question								
___ e. Problem solve								
4. Daily toddler group schedules are prepared and kept current.								
5. Experiences for developing skills and concepts are so organized that each child has individual attention and is free to express his/her preferences verbally or non-verbally.								
6. Each infant has an individual schedule based on parent input.								
7. Infant and toddler experiences are individualized, age appropriate, and include:								
___ a. Adults carrying non-mobile infants around the environment, showing them interesting events and people, bringing objects to them, and changing their positions frequently								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
___ b. Adult- and child-initiated interactions such as hiding and naming games								
___ c. "Hands-on" activities such as reading simple books, looking at pictures, and responding to music								
___ d. "Active play" such as jumping, running, and dancing								
8. The total environment reflects global, cultural, ethnic, age, and gender diversity. Examples include an integration of manipulatives, graphic displays, dolls, books, art materials, music resources, and dramatic play materials.								
9. The daily curriculum is relevant and accurately reflective of the population served.								
10. The schedule for toddlers provides activities that are:								
___ a. Balanced (active/quiet; small group/individual; indoor/outdoor; challenging new/familiar)								
___ b. Developmentally appropriate								
___ c. Adapted to meet individual needs and accommodate disabilities								
11. Individualized programs planned for children with special needs are incorporated within the daily experiences.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
12. Adequate time is allotted between activities to allow for comfortable transition by all children.								
13. Current daily and/or weekly curriculum and staffing schedules are posted and families have access to them. (Provide documentation.)								
14. All children are encouraged to develop self-reliance and self-esteem by making choices in selecting activities and materials and being given opportunities to share their experiences with peers and staff.								
15. Routine tasks are incorporated into the program as a means of furthering children's learning, especially in the areas of self-help and social skills.								
___ a. Routines such as diapering, toileting, eating, dressing, and sleeping are handled in a relaxed, reassuring, and individualized manner based on developmental needs.								
___ b. Staff plan with families to make toileting, feeding, dressing, hand washing, and the development of other independent skills a positive experience for children.								
16. Activity plans address each child's developmental abilities, needs, and experiences.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
(17.) Children are helped to acquire and use language to communicate and respond to information, thoughts, and feelings.								
___ a. Children with little expressive language are encouraged to communicate with sounds, gestures, etc.								
___ b. Staff respond appropriately to each child's efforts to communicate. If needed, staff members learn alternative forms of communication.								
___ c. Recommended language for use with infants includes repeating their sounds and syllables and conversing with them. Adults provide a good language model.								
___ d. As a part of the routine, teachers verbally describe children's actions; labeling objects is an option.								
(18.) Sturdy books (vinyl, board, cloth, etc.) are available to children for use during each day. Other books are available for use under supervision. Magazines are available for tearing.								
(19.) Children are provided with a variety of motor experiences to encourage development of dexterity, hand-eye coordination, and curiosity (i.e., for infants: pop-beads, teething and plastic toys, bristle blocks, etc.; for toddlers: puzzles, peg boards, large manipulatives, etc.).								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
(20.) Each day children are provided with appropriate and challenging equipment and opportunities for gross motor activities such as crawling, cruising, walking, throwing, stair climbing, and dancing.								
(21.) Children are regularly engaged in a wide range of play experiences at developmentally-appropriate levels:								
___ a. Music ___ b. Art ___ c. Dramatic play ___ d. Manipulative ___ e. Sensory								
(22.) There is no emphasis on patterns or final product in the use of art media.								
(23.) Outdoor experience is a part of the child's daily routine (weather permitting)								
(24.) Children have opportunities to work with natural materials such as soil, sand, water, and wood.								
<u>Equipment and Materials</u>								
25. There is child-sized, basic furniture in good condition, adequate for the number and ages of children.								
(26.) The environment includes soft, comfortable items (such as rugs and cushions) and rocking chairs.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
(27.) An ample variety of materials is arranged on low, open shelves so that children can make choices independently.								
(28.) A wide variety of the following equipment and materials, in good working condition, is provided for a wide range of developmental needs. Care is taken that children do not use these materials without supervision or before it is physically safe for them to do so.								
Materials for Infants:								
___ a. Toys children can gum or chew								
___ b. Toys easy to grasp								
___ c. Toys that make sound								
___ d. Toys of various shapes and textures								
___ e. Toys that demonstrate special or mechanical relationships								
___ f. Surfaces of different textures on which to roll, crawl, etc.								
___ g. Soft blocks								
___ h. Balls								
___ i. Cloth or hard-paged books								
___ j. Toys to cuddle								
___ k. Mounted crib toys								
___ l. Unbreakable mirrors								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
Materials for Toddlers:								
___ a. Art supplies including painting equipment (large brushes, large newsprint), collage/paste/ glue/ crayons								
___ b. Dough/accessories								
___ c. Blocks/accessories								
___ d. Sand/accessories								
___ e. Water/accessories								
___ f. Dramatic play accessories (hats, purses, shoes, dolls, stuffed animals, play cooking equipment, etc.)								
___ g. Manipulatives (puzzles, beads, pegs, games, formboards, etc.) with pieces larger than 1 1/2 inch in diameter								
___ h. Books and records								
___ i. Rhythm instruments (can be homemade)								
___ j. Climbing equipment								
___ k. Wheel toys								
___ l. Toys to cuddle								
___ m. Toys for filling and dumping								
29. The room is arranged so that all children can move easily throughout the play space, supervision is possible, children may play/work without interruption, and children needing adaptive equipment (wheelchairs, walkers, etc.) can participate without being unduly restricted.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
30. There are clearly defined activity areas for a variety of small group and individual learning experiences.								
31. There is a quiet area for children who wish to be alone.								
32. The facility is adapted to meet the needs of individual children. For example:								
___ a. Sound absorbent materials are used (such as rugs, ceiling tiles, etc.) to lessen the level of noise for children who have a hearing loss or are easily distracted.								
___ b. Auditory and tactile cues (such as labels and visual aids) that are simple and uncluttered are used to structure the room and define various areas for children with visual disabilities.								
___ c. Major changes in room arrangement and daily program schedules are kept to a minimum for children who have visual disabilities or difficulty adapting to change.								
33. A significant amount of staff/child interaction time occurs on the floor.								
34. There is a designated area for sleeping. Cribs are primarily for sleeping; children are not left awake in their cribs for extended periods of time.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
III. Build Positive Self-Concept and Individual Strength								
Adults relate in positive ways to all children. The staff:								
(1.) Evidence pleasure and enjoyment in working with children.								
(2.) Show respect for children by addressing each child by name (with minimal use of impersonal and collective terms, such as "group," "class," "boys and girls") and modeling acceptance of all children.								
(3.) Smile, touch, hold, speak, and respond to all children at their eye level to foster communication, particularly on arrival and departure and when diapering or feeding.								
(4.) Interact with all children in a positive manner, emphasizing their mutual contribution, cooperation, and independence.								
5. Provide space for each child's belongings.								
6. Use photographs, displays of children's work, and mirrors placed at the child's eye level to focus attention on the individual.								

QUALITY INDICATORS	RATINGS YES	NO	1	2	3	4	N/A	REMARKS/EXAMPLES
7. Provide individual children with direct positive feedback about their performance. ("John, look at you walk!" "Susie, you pointed at your nose.")								
8. Provide positive reinforcement, supportive statements and encouragement; avoid competition, comparison, and criticism.								
9. Encourage children at their different levels of abilities to develop self-reliance and make individual decisions regarding use of materials and equipment and participation in activities.								
10. Involve children in developing appropriate social skills at feeling-thinking levels.								
11. Actively foster respect for the child's family and community by recognizing the family's customs and incorporating them into the program.								
12. Refrain from demeaning remarks to other adults or children about a child's or children's behavior.								
13. Help children cope with both success and failure by assisting them to express feelings in words or in acceptable actions.								
14. Promote social interaction between all children regardless of abilities.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
IV. Develop and Maintain Positive Interaction of Children and Adults								
Interactions between children and staff provide opportunities for children to develop an understanding of self and others, and are characterized by warmth, personal respect, positive support, and responsiveness.								
1. Staff express respect and affection for children by listening, speaking, hugging, smiling, touching, and playing with them.								
2. Staff model, encourage, plan for, and guide development of positive social acts and feelings (i.e. acceptance of diversity, cooperation, gentle touching, turn taking, sharing space, compromise, friendship, affection, humor).								
3. Staff foster independence in children by allowing involvement in:								
___ a. Picking up toys								
___ b. Wiping spills								
___ c. Personal grooming (toileting, washing hands)								
___ d. Obtaining and caring for materials								
___ e. Other self-help skills								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
4. Staff speak with children in a friendly, positive, courteous, and reassuring manner.								
5. Staff listen to and converse frequently with individual children.								
6. Developmentally appropriate limits and guidelines for behavior have been established and communicated clearly and consistently to children. This is individualized based on the child's ability to function and understand. Staff use positive techniques for guidance including:								
___ a. Redirection								
___ b. Anticipation								
___ c. Elimination of potential problems								
___ d. Positive verbal comments, feedback								
___ e. Encouragement rather than competition, comparison, or criticism								
___ f. Distraction								
7. Staff abstain from corporal punishment, bribery, shaming, or other humiliating or frightening discipline techniques. (Food and isolation are inappropriate for reward or punishment.)								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
8. There is an adequate adult/child ratio for each group of children. Adequacy is determined by staff competency, children's needs, physical facilities, and the length of the day. Minimum ratios of qualified adults to children are:								
___ a. Ages birth through two years: Groups composed of mixed ages through two years shall have no less than one adult to four children, no more than eight children in a group, and no more than three groups in a room.								
___ b. Age two years: Groups composed solely of two-year-old children, shall have no less than one adult to eight children and no more than sixteen children in a group.								
9. Each staff member has primary responsibility for and develops a close attachment to an identified group of children. Every attempt is made to have continuity of adults who work with children. Children spend the majority of the time interacting with the same person each day.								
10. Staff members who have direct contact with children are provided with appropriate breaks.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
V. Coordination Between Home/Center								
Coordination of home and center expectations and practices is essential to ensure maximum benefit to the child. A variety of options should be provided for family involvement in the program.								
1. Information about the program is given to families in a handbook or on printed handouts. It includes:								
___ a. Written description of the program's philosophy								
___ b. Written description of the program's rules and fees (if applicable)								
___ c. Clearly communicated discipline and guidance procedures								
___ d. Health guidelines for children's attendance and dismissal								
___ e. Other _____								
(Submit documentation)								
2. There is a planned process for orienting the child and family to the program. It may include:								
___ a. Pre-enrollment visit to the program								
___ b. Gradual introduction to classroom								

QUALITY INDICATORS	RATINGS YES	NO	1	2	3	4	N/A	REMARKS/EXAMPLES
___ c. Parent/family orientation meetings								
___ d. Parent/family/child open house								
___ e. Home visit								
___ f. Other _____								
3. There are opportunities for interactions between primary caregivers and families. This may include:								
___ a. Greeting and brief conversation on arrival and departure								
___ b. Positive phone calls								
___ c. Positive notes								
___ d. Other _____								
4. Parents and/or other family members are encouraged to visit the program and observe their child any time.								
5. Parents and/or other family members have an opportunity to be involved <u>with their children</u> in some of the following ways:								
___ a. Celebrations								
___ b. Field trips								
___ c. Sharing expertise, skills, interests, family customs								

QUALITY INDICATORS	YES	NO	RATINGS 1	2	3	4	N/A	REMARKS/EXAMPLES
___ d. Sharing a meal/snack								
___ e. Assisting in classroom								
___ f. Other _____								
6. Parents and/or family members are involved in the program in other ways. These may include:								
___ a. Fund raising								
___ b. Special projects								
___ c. Program planning								
___ d. Program evaluation								
___ e. Membership on policy-making board								
___ f. Membership on Parent Advisory Council or PTA								
___ g. Repairs/construction								
___ h. Painting								
___ i. Sewing, making materials								
___ j. Cleaning/laundry								
___ k. Other _____								
7. Frequent and varied opportunities for sharing between home and center may include:								
___ a. Parent bulletin board with current information								
___ b. Recognition of families' ethnic and cultural backgrounds as observed in toys, bulletin boards, photographs, etc.								
___ c. Occasional sharing of special home posessions								

QUALITY INDICATORS	RATINGS YES	NO	1	2	3	4	N/A	REMARKS/EXAMPLES
8. There is a planned procedure for informing and involving families in the transition process to the next program setting.								
9. Various methods are used to facilitate good communication between home and center. These include some of the following:								
___ a. Parent conferences								
___ 1. Regularly scheduled								
___ 2. As needed								
___ 3. Private space available								
___ b. A copy of any information that is forwarded to others and is given to families								
___ c. Home visits								
___ d. Frequent progress reports								
___ e. Newsletters								
___ f. Special notices								
___ g. Phone calls								
___ h. Infant and toddler daily records								
10. Resource information and services are available to families. These may include:								
___ a. Materials and/or information on community resources, including resources for families of children with special needs.								

QUALITY INDICATORS	RATINGS YES	NO	1	2	3	4	N/A	REMARKS/EXAMPLES
___ b. Parent groups:								
___ 1. Support groups								
___ 2. Education groups								
___ 3. Interest groups								
___ 4. Other _____								
___ c. Individual counseling and/or referral services								
___ d. Other _____								
11. Staff supports parents by offering encouragement regarding their parenting skills.								
(12.) Collaboration with Special Services Providers								
The following items apply when special needs of children are being met by special services providers (e. g., speech, language, physical, or occupational therapists).								
___ a. Information about child's progress is shared with special services providers after securing parental consent. This may be in written or verbal form, such as daily journals, letters, phone conversations, etc.								
___ b. Open communication is encouraged between staff and those individuals who are providing specialized services.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
___ c. Parents/families are informed of communication between staff and special services providers.								
___ d. Staff members are encouraged to participate in IEP and/or IFSP meetings as appropriate.								
___ e. Efforts are made to have special services, such as speech/language, delivered within the child's normal program settings to promote the child's ability to use skills in everyday life.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
VI. Maintain Effective Staff Communication and Efficient Management Practices								
Effective administration requires knowledge about all areas of the program, including staff qualifications, development, and evaluation, program policies and procedures, and record-keeping. (Items in this section should be verifiable through written documentation.)								
Staff Development and Qualifications								
1. A written description of program goals and objectives is shared with staff, families, and visitors.								
2. Written job descriptions for all staff are updated regularly.								
(3.) Classroom teachers are educated in early childhood education/child development/early childhood special education:								
___ a. Teachers in public school programs are appropriately certified								
___ b. Teachers in charge of a group in non-public school programs have one of the following:								

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QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
1). BS or BA Degree in Early Childhood Education, Early Childhood Special Education, or Child Development								
2). BS or BA Degree with one year experience working with young children and inservice training in Early Childhood Education, Early Childhood Special Education, or Child Development								
3). AA Degree in Early Childhood Education, Early Childhood Special Education, or Child Development with one year experience with young children								
4). CDA credential with two years' experience with young children								
5). Five years experience working with young children with documented inservice training/workshops in Early Childhood Education, Early Childhood Special Education, or Child Development								
6). Other comparable education and experience								
(4.) Program administrators have a minimum of one of the following:								

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QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
___ a. BS or BA degree in Early Childhood Education, Early Childhood Special Education, or Child Development and one year experience with young children.								
___ b. BS or BA degree with training in Early Childhood Education, Early Childhood Special Education, or Child Development and one year experience with young children.								
___ c. Two years of college with a minimum of 12 hours of Early Childhood Education, Elementary Education, Child Development, Special Education, and two years experience with young children.								
___ d. Training and experience of program administrators may include child development, recreation, elementary education, early childhood, special education, or related field.								
(5.) There is a formalized ongoing inservice and career development program that includes:								
___ a. Orientation for new staff								
___ b. Regular supervision, including classroom observation								
___ c. Opportunities for professional growth through child development (and, as appropriate, special education) workshops, conferences, course work, etc.								
___ d. Inservice plan								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
___ e. Access to resource materials								
___ f. Provision for visiting other programs								
___ g. Participation in early childhood /early childhood special education professional organizations								
___ h. General and specific information about young children with disabilities (i.e. books, journals, videos, etc.) is available to staff								
Administrative Practices and Evaluation								
6. There is a personnel practices and procedures manual available to all staff.								
7. Fees and policies for admission and attendance are clearly stated and available in written form.								
8. There is appropriate insurance coverage for children and adults.								
9. The school/center keeps appropriate fiscal records, which include evidence of long-range budgeting and sound fiscal planning. (Administrative report will suffice as documentation.)								
10. Records are kept on program operations, such as attendance records, board or advisory committee reports, special activities, etc.								

QUALITY INDICATORS	RATINGS							REMARKS/EXAMPLES
	YES	NO	1	2	3	4	N/A	
(11.) There is a systematic method for keeping and transmitting children's developmental records.								
(12.) There is a system for documenting in writing the person or persons authorized to pick up a child.								
(13.) All staff are evaluated regularly. Evaluations are recorded and discussed with individual staff members.								
14. Staff, other professionals, and families are involved in evaluating the programs' effectiveness in meeting the needs of children and families.								

STATE OF MISSOURI

APPLICATION FOR ACCREDITATION OF AN INFANT-TODDLER PROGRAM
(0-30 months)

SECTION I. **ADMINISTRATION**

Name of program _____

Program Address _____
(Street) (City) (Zip Code)

Phone (____) _____

Type of Program: (check all that apply)

_____ Religious Sponsorship _____ For Profit _____ Day Care (4 hours or more)

_____ Public School _____ Non-Profit _____ Half Day (less than 4 hours)

_____ Private School _____ Other _____ _____ Other _____

Is program licensed? _____ If not licensed, does program have letter of exemption?_____

Program Director _____ Phone (____) _____

Administrator or Board President _____ Phone (____) _____

SECTION II. **PROGRAM INFORMATION**

Ages of children served _____

Number of children ages of 0-30 months: _____ Number of classrooms for infants: _____; for toddlers: _____

Hours of operation: _____ Days per week _____ Months per year _____
(if less than 12, specify months of operation)

Names of Teaching Staff for Infants ages _____ to _____: Age(s) Assigned

_____ _____

_____ _____

_____ _____

_____ _____

Names of Teaching Staff for Toddlers ages _____ to _____: Age(s) Assigned

_____ _____

_____ _____

_____ _____

_____ _____

Brief program description (25 words or less):

_____

_____

_____

_____

If program meets state definition of day care, please attach copy of state license or letter of exemption. If in doubt abut program definitions, contact Missouri Division of Family Services.

VERIFICATION OF SELF-STUDY AND REQUEST FOR VISITATION BY REVIEW TEAM

As _____ of the _____
(Title) (Name of Program)

I certify that the above-named program has completed the Self-Study and submitted all necessary materials to the Missouri Center for Voluntary Accreditation of Childhood Education Programs. I understand that the program has the right of advance approval of Review Team members assigned and of the proposed date(s) of on-site visit(s). Enclosed is a check in the amount of $_____ for the accreditation fee. I also understand that the program will pay mileage expenses ($0.20/mile) to the Review Team members who request this, at the time of the exit interview.

_____
Signature of Director and/or Board President

_____
Date

Please make check for accreditation fee payable to Missouri Center for Voluntary Accreditation and mail to the center at Stephens College, Box 2022, Columbia, MO 65215. [See current Fact Sheet for information on fees.]

[TO BE FILLED OUT BY THE REVIEW TEAM LEADER AT THE COMPLETION OF THE EXIT INTERVIEW AND RETURNED WITH THE EXIT INTERVIEW NOTES TO THE MISSOURI CENTER FOR VOLUNTARY ACCREDITATION]

VERIFICATION OF ACCREDITATION REVIEW

This is to verify that _____
(Name of Program)
has received an accreditation team review that was completed on _____
(Date of exit interview)

It is recommended that the program be: _____ Accredited
_____ (Indicate # of accreditation (1st, 2nd, 3rd, 4th, etc.)

_____ Granted time extension

_____ Accreditation has NOT been achieved within the one-year extension, and the accreditation process is now terminated

Address of Program _____ Phone _____

Ages served: _____ Infant/Toddler _____ 2 1/2 - 6 _____ School Age

		Check if mileage expense has been paid	
		Yes	No
Team Leader:	_____ (Signature)	_____	_____
Team Members:	_____ (Signatures)	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Childhood Education Program Administrator or Director _____
(Signature)

Facts about Voluntary Accreditation of Childhood Education Programs in Missouri

For Children from Infancy through Elementary School Age

Missouri Center for Voluntary Accreditation of Childhood Education Programs
Stephens College Campus Box 2022 Columbia, MO 65215 (314) 876-2321

• WHAT IS VOLUNTARY ACCREDITATION?

Accreditation is a stamp of approval. It is designed to promote quality programs for children from birth through elementary school age by giving recognition to those meeting prescribed indicators of quality. The decision to seek accreditation is voluntary and does not involve mandatory controls. Currently, there are over 160 programs in Missouri that have gained accreditation, and many others are completing the necessary work.

• WHY IS IT IMPORTANT?

As a result of rapid changes affecting families and the workplace, an increasing number of children spend much of their lives away from home in part- and full-day child care programs and before- and after-school care. Because children's experiences impact their personal and academic success, they must have the best possible learning environment during these formative years.

Missouri has no laws or state regulations that define and require accreditation for group programs serving early childhood and school-age children in child care. State licensing regulations have been in existence for many years and were updated in 1994. The Missouri Department of Health is authorized to implement licensing rules for child care facilities, and is also authorized to implement health and safety standards for all license-exempt child care programs.

In 1993 the newly-revised and expanded accreditation standards for programs serving infants/toddlers, 2 1/2 to 6 year olds, and school age children were adopted by the State Board of Education for use in all public school-sponsored group programs. These standards, used in accrediting both public and private programs, are well above the licensing requirements and emphasize the quality of the learning experience. Therefore, programs that are licensed can also be accredited.

• WHAT ARE THE PROCEDURES FOR ACCREDITATION?

1. Programs that have been in operation for at least one year and wish to be accredited must first purchase the self-study documents, *Standards and Procedures for Voluntary Accreditation*, appropriate to the ages of children served. These self-studies address developmentally appropriate practice in the following areas: Safe and Healthy Environment; Physical and Intellectual Growth and Development and Creative Expression; Self-Esteem and Individual Responsibility; Positive Interaction of Children and Adults; Coordination between Home and Center; and Effective Staff Communication and Efficient Management Practices.

2. When candidates feel their program meets the quality standards listed in the *Standards and Procedures*, and they have completed the self-study and compiled the necessary documentation materials, they may submit an application for an on-site team review. (If a program has multiple sites, each site completes the self-study and documentation, and each site has its own review team.) Review teams include professionals in childhood education/child development, parents, and other persons who have been trained in the accreditation process. Programs are notified of the team's composition. The size of the program determines the size of the team.

3. Programs that meet the accreditation standards are recommended by the review team for accreditation. The Missouri Board for Voluntary Accreditation grants accreditation to programs not sponsored by the public schools. The Missouri Department of Elementary and Secondary Education grants accreditation to public school programs.

(over, please)

4. A review team may determine that a program needs further work in some of the areas covered by the self-study before the program can be recommended for accreditation. In this event, the program's staff is granted an extension of up to twelve months to make the needed improvements. When this work is completed, the program director notifies the review team leader and requests a return visit by the team.

5. A Certificate of Accreditation is granted to qualifying public school and non-public school programs. The certificate states that the program has been reviewed and meets standards for quality childhood education programs. Accredited programs are listed in an annual directory.

• WHAT IS THE COST?

Materials

Programs seeking accreditation must purchase the appropriate manual(s) listed below for each age group served in order to conduct the self-study. **Single copies of Standards and Procedures are $15.00 each; any two or more are $10.00 each. (NOTE: To cover postage and handling, include $3 on orders up to $15, $4 on orders $15 to $30, and $5 on orders over $30.00).**

Standards and Procedures for programs serving infants/toddlers (6 weeks to 30 months)
Standards and Procedures for early childhood education (2 1/2 to 6 years)
Standards and Procedures for school age child care (before- and after-school and summer programs)

Accreditation and Re-Accreditation

Initial accreditation is granted for two years. Programs that have been initially accredited for two years can maintain their status through a re-accreditation process. At the end of the initial two-year accreditation, a program must apply for re-accreditation every three years thereafter. If at any time during a three-year period there are significant changes in staff, program, facility, or leadership, the director must promptly send updated information to the Missouri Center Coordinator.

The accreditation fees, payable upon application, are as follows:

Number of Children Enrolled	Initial (2 years)	Re-Accreditation (3 years)
25 or fewer	$ 55.00	$ 82.50
26-49	$100.00	$150.00
50-99	$140.00	$210.00
100-174	$180.00	$270.00
175-274	$225.00	$337.50
275-349	$275.00	$412.50
350-424	$325.00	$487.50
425 or more	$380.00	$570.00

If requested by review team members, mileage expenses are paid by programs.

For more information, please contact:

Missouri Center for Voluntary Accreditation
Stephens College, Campus Box 2022
Columbia, MO 65215
Phone (314) 876-2321
FAX (314) 876-7248

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